

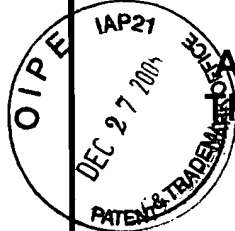
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AMENDMENT TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/624,271
Application Title	LOW PROFILE EMERGENCY VEHICLE LIGHT BAR
Filing Date	July 21, 2003
First Named Inventor	Menke, W. Kenneth
Art Unit	2875
Examiner Name	LEE, GUIYOUNG
Attorney Docket Number	54071-39855
Total Number of Pages in This Submission	17

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Determination Record Form <input type="checkbox"/> Check for \$ Attached: <input type="checkbox"/> The Commissioner is hereby authorized to charge the fee of \$ in this application to a Deposit Account 20-0823. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over-payment, to Deposit Account Number 20-0823. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.	<input checked="" type="checkbox"/> Response C <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefore and charge Deposit Account 20-0823 accordingly <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Coburn LLP		
Signature	<i>Joseph M. Rolnicki</i>		
Printed name	Joseph M. Rolnicki		
Date		Reg. No.	32,653

CERTIFICATE OF FIRST CLASS MAILING

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